2007 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jun 25, 2007 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P05000038365 06-25-2007 90002 010 ***158.75 JANCAR INTERNATIONAL, CORP. Principal Place of Business Mailing Address 8540 SW 133RD AVE. RD.: SUITE 422 40121001 9540 SW 133RD AVE. RD., SUITE 422 MIAMI, FL 33183 MIAMI, FL 33183 -2. Principal Place of Business - No P.O. Box 3. Mailing Address 133 AURO 8400 SW 133 *840*0 Suite, Apt. #, etc. Suite, Apt. #, etc. 06192007 CR2E034 (12/06) Chg-P 403 City & State City & State Applied For 4. FEI Number Mami 20-2498311 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Tronco 50 TRONCOSO, JUAN C Street Address (P.O. Box Number is Not Acceptable) 8549 SW 133RD AVE. RD., SUITE 422 MIAMI: FL 33183 00 Sw 133 Ave RD MIami 8. The above name entity sub/nit ement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations PRESIDEN 6-19-07 SIGNATURE stered agent and title if applicable (NOTE: Registered Agent signature required when reinstating DATE FILE/NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 14, 2007 corporation did not receive the prior notice. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILLE Delete TITLE ✓ Change ■ Addition NAME TRONCOSO, JUAN C NAME roncoso STREET ADDRESS 8540 SW 133RD AVE. RD., SUITE 422 STREET ADDRESS CITY-ST-ZIP MIAMI: FL 33183 CITY-ST-7/P TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP THIE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver or trustee empower es not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information curate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director ecute fits report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addr

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